PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
Effective October 1, 2003								J	`	19	4	768	73
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	L EN	TITY			ER THAN
TOTAL CLAIMS						•	7	RATE		FEE	701	RATE	L ENTITY
FOR			NUMB	NUMBER FILED		ABER EXTRA	1	BASIC FEE		385.00		BASIC FI	
TOTAL CHARGEABLE CLAIMS			;	minus 20=		T	XS 9		_		OF	1,010	
INDEPENDENT CLAIMS				minus 3 =			X43=			······································	7	\ ivas	
×	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT \				+145:	+	•	OF	`	
•1	f the differen	ce in column 1	is less than	less than zero, enter "0" in column 2			_	TOTAL			OF	`L	<u> </u>
	CLAIMS AS AMENDED - PART II								۲ ـ		Joh	•	R THAN
(Column 1) (Column 2) (Column 3)								SMAL	LEN	TITY	OR		ENTITY
AMENDMENT A	8.800	REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 16	Minus		29	- 1		X\$ 9=			OB.	X\$18=	
AME	Independent	<u> 3</u>	Minus	***	5	-		X43=	1	/	OR	X86=	
	FIRST PRES	ENTATION OF N	AULTIPLE DE	PENDENT	CLAIM			+145=	1		OR	+290=	
~2 2-					7		L	JOTAL DDIT, FEE				TOTAL ADDIT, FEE	
_	(Column 1) (Column 2) (Column 3)											ADDII. FEE	
AMENDMENT B		REMAINING . AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE
	Total	1:0	Minus	1000	1_	3		X\$ 9=			OR	X\$18=	
F	Independent FIRST PRESE	NTATION OF M	Minus	PENDENT C	I AIM			X43=.			OR	X86≃	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=	
	٠	•			-	•	AD	TOTAL DIT. FEE			OR A	TOTAL ODIT. FEE	
_		(Column 1)		(Column		(Column 3)	•	• •		•			
	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FOI	R SLY	PRESENT EXTRA	ı	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	44		= .	5	(\$ 9=	•		OR -	X\$18=	
	ndependent	•	Minus	***		z .	-	(43=		-	F	X86=	
	IRST PRESE	H	`~~		°	PA	V00m						
ı (f t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									o	R	+290=	·
***	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number fo								-	•	R AL	TOTAL DOIT, FEEL	
10	e rignest Numi	per Previously Paid	For (Total or	Independent)	is the h	ighest number f	ound !	n the app	roprie	ate box ir	colun	nn 1:	•

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